FAMILY VIOLENCE

Children of Domestic Violence

Programs and Treatment

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INTRODUCTION:

In recent years, family violence literature and research have begun to explore the problems of children who witness wife abuse. Although the methodological shortcomings of completed studies render their findings difficult to interpret (Forsstrom-Cohen and Rosenbaum, 1985), children who witness domestic violence have been reported to exhibit high levels of anxiety and/or depression, low self-esteem, agitation, aggression (Levine, 1975; Hilberman and Munson, 1978; Moore et al., 1981), verbal, cognitive and motor delays (Westra and Martin, 1981) and various health problems and sleep disturbances (Brown, Pelcovitz and Kaplan, unpublished; Hilberman and Munson, 1978). Studies of the differential effects of witnessing family violence on the behavior of girls and of boys, have identified passivity and overdependency as prominent in girls and tendency towards high levels of aggressiveness in boys (Levine, 1975; Hilberman and Munson, 1978; Jaffe, et al., 1986). These findings plus the prospect of an intergenerational transfer of violence through exposure to violent family conflict (Gelles, 1972; Steinmetz, 1977) give rise to concerns about support and/or treatment programs for these children. The purpose of this study is to outline the legislative base for service provision to children who witness wife assault and to describe and evaluate current programs for intervention in Alberta and other jurisdictions.

METHODOLOGY

Information for the study was gathered through review of family violence literature/research and through telephone interviews with

provincial/territorial government officials and with staff in transition houses and shelters. Due to language difficulties and the large number of shelters, not all facilities were contacted for information on programming. Except for one shelter in British Columbia, whose confidential telephone number could not be obtained, staff in all transition houses and shelters, excluding those in New Brunswick, Ontario and Quebec, were interviewed. Information about children's programs in New Brunswick shelters was acquired through their provincial association director. The child care program model of the Ontario Association of Interval and Transition Houses Coalition of Children's Workers (see Appendix A), served as an overview of the directives to be followed, depending on funding restraints, by shelters in Ontario.

Through interviews with shelter staff, a number of programs were identified as unique and, therefore, have been highlighted in this report. Contact information for these examples is listed in Appendix B.

The precarious nature of shelter funding in Canada makes it highly possible that services for children currently provided may be discontinued in the near future. Therefore, data presented in this paper is subject to change.

THE LEGISLATIVE BASE FOR SERVICE PROVISION

Current family violence research indicates that children are adversely affected by witnessing wife battering. Analysis of provincial legislation reveals that little provision is made in Canada for the support and/or treatment of these children. The gap in service provision is due to the fact

that, with the exception of Newfoundland and Alberta, provincial and territorial governments do not classify children who have witnessed domestic violence as abused or injured and, therefore, in need of protection. In addition, interviews with government officials indicate that, generally, there is no formal training available to service providers which is specific to the detection of children who have been exposed to domestic violence. Most often, these children come to the attention of service providers when their mothers seek refuge or assistance at shelters/transition houses or other helping agencies. In these instances, it is usually children who exhibit what are considered to be "more serious" problems who are referred to formal treatment or support programs.

The Child Welfare Act, 1972, of the Government of Newfoundland states that "(a.1) child in need of protection" means:

> (v) a child who is living in a situation where there is severe domestic violence;"

In Alberta, the Child Welfare Act, 1984, also identifies children who have witnessed wife abuse as in need of protective services by reason of emotional injury suffered. The Act stipulates the following:

> (2) For the purposes of this Act, a child is in need of protective services if there are reasonable and probable grounds to believe that the survival, security or development of the child is endangered because of any of the following:

(f) The child has been emotionally injured by the guardian of the child;

(3) For the purposes of this Act,

(a) A child is emotionally injured:

(i) if there is substantial and observable impairment of the child's mental or emotional functioning that is evidenced by a mental or behavioural disorder, including anxiety, depression, withdrawal, aggression or delayed development, and

(ii) there are reasonable and probable grounds to believe that the emotional injury is the result of:

(c) exposure to domestic violence or severe domestic disharmony.

These sections of legislation can be used in Alberta and Newfoundland to identify children who witness wife assault as abused, and then to refer them to support and treatment services.

THEORETICAL APPROACHES TO INTERVENTION

Family violence literature, focusing on the treatment of children who have witnessed wife assault, is sparse. Upon review of the material, three approaches to treatment, supported by researchers and practitioners were

identified; 1) individual therapy approach, 2) social learning approach and 3) family systems approach.

1. Individual Therapy Approach

Treatment through a one-to-one, therapeutic helper-to-child approach can range in intensity from informal support/crisis counselling to formal psychotherapy. Elbow (1982), in outlining social work practice with children of violent marriages, has suggested that individual treatment sessions should focus on a set of "primary issues". Such topics include understanding and coping with the abusive parent's anger and control problems, understanding non-violent approaches to anger, dealing with personal anger and recognizing alternatives to violence and helplessness. Other more secondary issues to be confronted include ambivalence, guilt, appropriate role expectations, expression of feelings, and the development of "appropriate self-responsibility" which involves relinquishing self-blame for the violence in the home.

2. Social Learning Approach

A second model of intervention described in the literature arises from social learning theory (Westra, 1984). This theory is centered on the premise that children learn attitudinal and behavioral patterns in two ways, through "direct tuition" and through "active imitation". The method of direct tuition uses reward and punishment to teach specific behaviours. Acquisition of behaviours through active imitation requires

role models; involving emulation not only of behaviors but also of emotional responses; and adopting specific settings for emulation. From the child's perspective, the role model's behavior/characteristics are worth imitating because they reflect the child's aspirations for power, prestige, control and sense of self-worth. A child may imitate a role that emanates the characteristics of love, sympathy, nurturance and sensitivity. Similarities in race, color, sex, and socio economic background may also influence a child's choice of model.

Social learning theory provides a basis for working with children who have witnessed wife assault by addressing the positive or negative influences of role models. Stress-coping mechanisms (e.g. aggression and withdrawal) and low self-esteem behaviours, that are copied by these children, are countered through more positive role-modeling. Through direct teaching of behaviors the problems of inadequate stimulation, occurring in the wife-abusive home, are also addressed. Programs derived from social learning theory, and supported by Westra for use with children of violent families, are developmental stimulation, play-oriented therapy, group therapy and behaviour modification.

3. Family Systems Approach

A third approach, identified in the literature, for intervention with children who have witnessed wife assault, is the family systems approach. Researchers Gentry and Eaddy (1980) describe this approach as one which focuses on treatment through changing patterns of family interaction. Work with the family, as a unit, is emphasized because of the complex

interplay of individual and situational factors which influence the presence of abuse. Also, as Gentry and Eaddy argue, total family involvement is required to interrupt the transmission of violence from one generation to the next.

Violent interaction occurs in families for three major reasons. One reason is ineffectual conflict management; family members choose violence for solving problems or turn to violence when other means of resolving confrontation have failed (Dahrendorf, 1986; Straus and Steinmetz, 1974; Gelles and Straus, 1979 cited in Gentry and Eaddy, 1980). Secondly, an individual family member with low self esteem may use aggression in family interactions as a means of addressing perceived threats to "self" (Gelles, 1974 cited in Gentry and Eaddy, 1980). Finally, violence in families is a reaction to certain social, occupational or situational stresses (Gelles, 1974 cited in Gentry and Eaddy, 1980). In all three instances, violence is used as a response to difficulties, reflecting the inadequacy of personal and/or social resources of family members.

To change violent patterns of interaction, the family systems approach helps families to develop the resources needed to confront problems in alternative ways. Such resources include conflict resolution skills, communication skills and a positive self-concept.

PROGRAMS FOR INTERVENTION

As provincial legislation across Canada makes little provision for children from wife-abusive homes, services available for their treatment are minimal. Of those that exist, the majority of services are provided through transition houses and shelters for battered women. Government, community clinics and agencies across the country may also provide services to these children. However, this provision generally occurs in response to emotional, psychological, social and/or behavioral problems exhibited by the children, rather than as a result of their exposure to violence per se. Exposure to violence is perceived as one presenting factor in the development of treatment plans for these children.

Programs which were identified in the literature and in shelters can serve as practical applications of the above theoretical approaches to treatment.

Individual Treatment Programs in the Shelters

Individual support and counselling are available, on an informal basis, to children in transition houses and shelters for battered women. Of the 69 facilities interviewed, all reported that, to the best of their ability, individual attention is provided to the needs of children and teenagers. transition house directors in Ontario were not interviewed, however, the Ontario Association of Interval and Transition Houses Coalition of Children's Workers indicated that they consider individual counselling as fundamental to a comprehensive child care program as reflected in their model (see Appendix

A). The importance of Children's Workers being "available to listen to children and believe them" is stressed in the model.

In the shelters surveyed, informal support and counselling, depending on staff resources, are carried out through child care workers, volunteers, in-house counsellors or general staff members. Individual sessions with children occur on a daily or weekly basis, as part of daily free play, therapeutic play or as the need arises. Issues addressed in individual counselling include: the child's role in the family, internalization of blame, better ways to behave, the violent home, reasons for being at the shelter, feelings of anger, ambivalence, separation and loss, and alternative problem-solving strategies.

One shelter interviewed, Transition House, St. John's, Newfoundland (see Appendix B) offers formal individual counselling to children. Developed for children aged 10 and over, the counselling program includes individual sessions held twice weekly while children are resident at the shelter and follow-up contact after they have left. The follow-up component often involves crisis counselling; children are encouraged to come to the shelter when they need help or they are visited in their homes.

Although other houses surveyed do not provide programs of formal counselling, all fulfill a role in referring (or encouraging mothers to refer) children to outside agencies when more serious problems are evident. Individual treatment provided through these agencies may range in intensity from support counselling to psychotherapy.

Developmental Stimulation

In the literature, Westra (1984) identifies developmental stimulation as a program for use with children from wife abusive homes. Based on the social learning approach, this program involves helping children reach their developmental potential through various reinforcing activities and experiences. Depending on the specific needs of the child, a program may be designed to stimulate speech, fine and gross motor abilities as well as overall cognitive development. Activities and experiences chosen for the program should be congruent with the child's current developmental stage or ability. A variety of toys or equipment is necessary, in addition to interaction with the child. Some suggested activities include playing patty-cake (4-8 months), walking and climbing with help (1-2 years), and working simple puzzles (3-4 years) (Coopersmith cited in Westra, 1984).

The majority of shelters and transition houses interviewed, do not have age-specific/structured programs for developmental stimulation. Rather, developmental work occurs as a part of structured or unstructured recreation, therapeutic play, supervised free play or free play with mothers or other children.

Of the structured programs identified, the child care program at Bryony House, Halifax, Nova Scotia (see Appendix B), includes daily stimulation activities for the following:

1) infants up to 23 months,

2) children 2 to 3 years and 11 months, and

3) children 4 to 5 years.

Children work individually and in groups. Activities for developing fine and gross motor skills include printing, grasping, jumping and running. Cognitive stimulation (thinking, problem solving and language) is addressed through activities such as block building, puzzle play and stories.

Play-Oriented Programs

Another program identified in the literature for treatment of children from wife abusive homes is therapeutic play. This program is part of the social learning approach (Westra, 1984); it focuses on helping children to express and deal with hostility, stress, fears and aspirations, feelings toward family members, sexual identification, the violent home environment and the development of a positive sense of power and achievement. Therapeutic play can be carried out individually or with groups of children and should be organized according to the developmental stages of participants (Westra, 1984). Treatment through play can take different forms, each form being facilitated through different types of play objects or equipment. Types of therapeutic play include art, drama, recreation, sports, story and fantasy play. As Schiffer (1969) notes, therapeutic experiences can be built around the following objects and materials:

1) psychologically significant objects which represent people and animals, such as, dolls, puppets, stuffed animals, inflatable figures and face masks;

2) "objects which are identified with significant persons and their activities", such as, dress-up clothes, toy house furniture, toy kitchen equipment, a crib and a carriage;

3) aggressive, regressive and creative play "media", such as, paste, crayons, tempera chalk, poster paints, finger paints, plasticene, self hardening clay, construction blocks, sand and water;

4) skill and craft materials, such as, lumber, woodworking tools, weaving looms, leather craft, and sewing, knitting and crocheting materials;

5) recreational supplies, such as, rubber balls, ring toss, checkers, trucks and cars;

6) sports equipment for activities such as, punch ball or baseball.

In addition, therapeutic play experiences can involve printed materials, such as, storybooks, coloring books and pictures (Westra, 1984; Davis, 1986).

Play Programs Found in the Literature

Programs for therapeutic art play suggested in the literature include the following:

1) the children draw two faces, one angry and one happy using "angry" or "happy" colors; the worker then talks with them about their drawings (Davis, 1986);
2) the children draw their "dream house" with their "ideal family" inside; the worker then encourages them to discuss the feelings of family members and to use colors reflecting these feelings (Davis, 1986);
3) the children identify emotions represented in four different drawings of faces, and discuss what makes them feel happy, sad, scared and angry; the worker then has the children draw four "feeling faces" of their own (Davis, 1986);
4) the children draw a picture illustrating how the music of different songs makes them feel. Discussion of drawings and feelings follows in which it is emphasized that different music makes one feel different emotions, just as different life situations have varying emotional effects. This program also helps children learn that they can influence their feelings by choosing activities such as listening to certain types of music when they are feeling low or "bad" (Westra, 1984).

Program examples of therapeutic recreational play are:

1) the Fish Game; children go fishing for fish-shaped pieces of paper on which feeling words are written. Sharing of feelings through discussion or role play is encouraged (Davis, 1986);

2) the Nurturing Game (Family Development Resources, Inc.); children two years and older play with a parent or other caregiver. The purpose of the game is to increase nurturing skills. The game is equipped with four stacks of pick-up cards, there are Self-Awareness, Feeling, Behavior Management - Kid and Behavior Management-Parents cards. Players landing on squares of the board and drawing a card are asked to do things, such as, "share a time when your feelings were hurt", or complete sentences, such as, "I can't understand why....". Praise squares and hug squares are other important game components.

Programs for therapeutic story and fantasy play are numerous and varied, including:

1) use of story, coloring and activity book resources developed for helping children from violent homes and for dealing with children's problems; such as,

Something is Wrong at My House, A book about parents fighting,

This is a Coloring Book for Kids Whose Mom Gets Hit,

Do-So-Kit for self-awareness

A Good Apple Activity Book of self-esteem exercises,

101 Ways to Help Children Like Themselves,

Ready, Set, Grow, a book series consisting of You're One of A Kind, Handling Your Ups and Downs, and Surviving Fights with Your Brothers and Sisters, and

Red Flag, Green Flag People, a resource for helping children learn how to protect themselves;

2) open-ended story-telling; children take turns adding parts to a story whose subject is chosen by a leader. For the subject of children's traumatic home life experiences, Davis (1986) suggests that the leader begin with a line such as "Janet woke up and heard her father shouting at her mother in the next room...";

3) guided fantasy; children take an imaginary trip or adventure during which they are encouraged by a helper or leader to explore certain feelings. Afterwards, children are invited to draw, write about or discuss their fantasy;

4) use of pictorial resources illustrating different emotions; children are asked questions about the illustrations to facilitate discussions of feelings. Questions such as, "What is happening in this picture?", "How are the people feeling?", "Have you felt like these people do?", are recommended (Davis, 1986).

Play Programs Used in the Shelters

Twenty-six of the 69 shelters and transition houses interviewed reported that play is used therapeutically to help children deal with feelings and to relieve stress. Use of play techniques is most often informal; workers may be self-trained and therapeutic play may not be a scheduled daily program.

Therapeutic art play is used by 18 of the shelters interviewed. Programs described include, having children draw and discuss images of self and home, encouraging children to draw "feeling" faces and helping children to make

collages illustrating the effects of alcohol abuse and other factors on their lives.

The use of dramatic play was described by 18 facilities as having a therapeutic purpose. Programs include, for example, role play and puppet play. Shelters reported that activities of this type help children to verbalize feelings, release hostility and aggression, and develop anger management. One good example of a therapeutic drama program was recently developed under the direction of Transition House, St. John's, Newfoundland (see Appendix B). The project involved a group of former teenaged residents who, with the help of local actors and film makers, scripted and performed a video portrayal of a violent home situation. Through their characterizations, the group explored many of the factors that influence violence in the home - alcoholism, chemical dependency, and teenage pregnancy - and discussed their hopes for the future.

Shelter staff report that this program offered participants an opportunity for purging painful emotions, working out their own unique problems, confronting their own violence and dealing with difficult issues they had not addressed previously.

Recreation and sports play is a structured part of the services for children in 34 of the 69 shelters interviewed, with an additional 11 shelters offering programs of this type during the summer months, on the basis of summer grants. Community excursions, swimming, and creative crafts are among the programs structured by shelters to help relieve children's anxieties and to build trust in "significant adults".

Use of therapeutic story and fantasy play was also reported by shelters. Programs incorporate the materials outlined above plus various others. The use of these resources is most often informal; program activities may be undertaken on a daily basis or they may be incorporated into the schedule more sporadically according to the needs of individual children. Sherriff King Home for Battered Women, Calgary, Alberta (see Appendix B), has recently developed a resource called Happiness and Hurt, A personal diary for children ages 5 to 9. Based on research and interviews with shelter children, the book addresses issues of self-esteem, feelings, and violence in the home in sensitive age-appropriate language. Illustrations for coloring, and space for writing, help children to make the book their own; clarifying their own feelings and experiences. The book explores, for example, "Things that make me sad.....

Mum and Dad fighting
My sister getting hurt
My dog getting run over
Falling in the dirt.
Having a big fight
With my best friend
A rainy dark day
That I wish would end.
What makes me feel sad?

_____

_____" (Miller, 1986).

In evaluating its usefulness, Schiffer (1969) argues that play therapy helps to heal the trauma of children's life experiences as it allows them to

"concretize" and thereby gain control over confusing abstract emotions through enactment with tangible objects. Play under warm, accepting supervision frees emotional expression by reducing the child's guilt and anger. Also, Schiffer notes that play affords children a sense of relief that discharges emotional stress. However, play is not sufficient therapy in cases of severe traumatization where the personality has been seriously distorted.

Group Oriented Programs

Another important program for intervention, following the social learning approach, is treatment conducted on a group basis (Westra, 1984). Four factors influence program planning for group work - the developmental stage of the children involved, group composition, setting and purpose. Group work with children in the preschool and early school-age developmental stages of limited verbal ability and awareness of feelings is best organized around play. Group work with children who have reached more developed levels of cognitive functioning (e.g. relating cause and effect) is more appropriately focused on discussion of problems and solutions. Group composition should be limited to only one developmental stage, except in cases when a mixture is required for modeling or reinforcing behavior. The number of group members should not exceed 6 to 8 children and personality characteristics should be considered so that children with severe behavior problems will not disrupt group process. A setting location that is comfortable and non-distracting is most conducive to group treatment programs with children. Timing for sessions should take into account children's physical needs for food and sleep and length should be kept to half an hour for young children and forty-five to sixty minutes for older children. A group program for childrer of violert

homes can have several purposes, such as encouraging positive peer interaction, enhancing self-esteem, sharing experiences and dealing with feelings. More than one purpose is often achieved in a group and the purpose must be the guiding factor in determining group composition and activities.

Unstructured Group Programs in the Shelters

Group therapy is being used for intervention with children from violent homes in some of the shelters and transition houses across Canada. Weekly children's meetings are a part of the child care model of the Ontario Association of Interval and Transition Houses. Of the 69 shelters interviewed, 12 reported that group work forms a part of their services to children and/or teenagers. Most of these programs are structured on an informal basis and may be more accurately called support groups. Sessions are held on a regular basis in some houses, while in others a group is gathered as the need arises. Groups are led by child care workers, child care staff, volunteers or other staff members, and are organized as far as possible according to the age and developmental stage of children in a house. Because of the great mobility of shelter populations, groupings are often fairly mixed in age and maturity and the number of group participants varies from week to week. Adjusted to different levels of development and self-awareness, issues and problems discussed in unstructured support groups include self-esteem, alternatives to violence, feelings, peer pressure, social skills, anger management, sexuality, problem-solving techniques, the home situation, reasons for being in the shelter, alcoholism and specific difficulties expressed by individual participants. In addition to discussion, these issues, and the feelings relating to them, are addressed in various groups through art, puppet

play, role play and other therapeutic techniques. A general rule appears to be that whatever resource is needed for therapy, is included in group programs.

Structured Group Programs in the Shelters

Three of the facilities interviewed conduct support groups for children on the basis of a structured model. The first two of these shelters, Sherriff King Home, Calgary, Alberta and Central Alberta Women's Emergency Shelter, Red Deer, Alberta (see Appendix B), organize their groups around a model outlined by Sinclair (1985) in Understanding Wife Assault, A Training Manual for Counsellors and Advocates. Both groups cater to school-age children; the Red Deer group, more specifically, to former shelter residents. Goals or purposes of the Sinclair program, in summary, include:

- creating a safe atmosphere for discussing feelings and experiences;
- replacing destructive attitudes about family violence;
- learning to express feelings (in particular, anger) constructively;
- exploring alternative role models;
- improving self-esteem and trust;
- enhancing personal support systems;
- increasing awareness of rights and responsibilities;
- relieving feelings of responsibility for parental problems;
- working out feelings of ambivalence towards parents; and
- developing alternative problem-solving skills.

The program consists of six weekly sessions, 1½ to two hours in length. Sessions include snack-time, check-in, and time for individual

problem-solving, as well as topic discussions. The six topics which serve as guides to group work are:

1) introduction and getting to know each other;
2) learning about violence;
3) identification and expression of feelings;
4) safety and survival issues;
5) children have choices; and
6) children are the future.

Games, activities and various resources relating to these topics are also used to facilitate discussion and enhance learning.

A third facility, Portage Women's Shelter, Inc., Portage La Prairie, Manitoba (see Appendix B), conducts a structured group program for children aged 7 to 11 from safe homes and second-stage houses (more permanent residences for battered women and their children than shelters and transition houses) in the area. The Portage program is designed around eleven issues which are addressed in nine to twelve weekly sessions. These issues are:

1) different kinds of families,
2) violence and its alternatives and relinquishing blame for violence witnessed,
3) children's self-protection plans and possible resources,
4) alcohol use and abuse,
5) street proofing, safety and survival,
6) sexuality and choices,
7) identification and management of feelings and aggression,
8) feelings between parents,

9) loss and change,

10) sex role stereotyping, and

11) self-esteem.

Various therapeutic techniques and resources are used to help children "visualize discussions". For example, role playing is used during discussions of violence and its alternatives. A worker from the Alcohol Foundation, who is involved with an AL-A-TOT group in the community, helps the children in their exploration of alcohol use and abuse. Other resources used include the booklet, Something is Wrong at My House, and the manual, It's Okay to Say No. Time for having fun is scheduled at the end of each session, which may involve arts and crafts or excursions in the community.

In terms of evaluation, researchers Alessi and Hearn (1984) recommend short-term intensive group therapy as the treatment of choice for addressing the problems of children from wife-abusive homes. This support is based on the observation that children are less threatened by group treatment than by individual counselling; group settings foster peer interaction which increases children's feelings of security, support and acceptance. This format also enables larger numbers of children to receive attention within limited time spans (such as those situations found in transition houses and shelters). From their study of a group program used at Haven House, Brooklyn, New York, Alessi and Hern identified ten qualities which contribute to effective therapy. They were:

1. the imparting of necessary information to children;
2. the fostering of hope in children; that they can have control over their lives and power in protecting themselves;

3. the development of a sense of universality in children; helping them to see that others have experienced similar situations;
4. the fostering of a sense of altruism in the giving and receiving of support;
5. the creation of a "corrective recapitulation" of adults supporting each other and working together without using violence;
6. the development of children's social skills by replacing inappropriate expressions of feelings (scape goating, for example) with more appropriate types of interaction;
7. the opportunity for imitating appropriate behaviour modelled through therapists, and for having positive behaviour reinforced;
8. the fostering of interpersonal learning as children participate in the group by responding and reacting to each other;
9. the development of a sense of group cohesiveness; a bond formed through sharing, support and the ventilation of feelings; and
10. the opportunity for children to experience a catharsis or relief of feelings.

The use of group counselling programs, as an intervention with children who have been exposed to domestic violence, is the focus of research recently conducted by Jaffe and associates through the London Family Court Clinic in Ontario. More specifically, these researchers have been examining the impact of group counselling in changing children's attitudes and understandings in regard to conflict resolution.

As part of the pilot project, two groups of nine children aged 8-10 and 11-13 years old, respectively, were involved in a group counselling program.

While some children were residents of battered women's shelters and others were former residents, all had witnessed the violent abuse of their mothers. The counselling program consisted of 10 sessions lasting 1½ hours each (see Appendix B for goals, content and activities). Pre and post group data were gathered to measure children's attitudes and understandings before and after group intervention. Jaffe and associates (unpublished paper, 1986) report a significant change in the children's attitudes about themselves. At completion of the group program, the number of children exhibiting positive self-attitudes increased from 53 to 85%. Also important were the changes noted in children's attitudes and responses to anger. In the pre-test, for example, children reported that it is appropriate for a man to hit a woman under certain conditions (25% chose the condition of the house being messy). However, after participating in the group counselling program none of the children reported approval of this type of violence.

To counter the effects of the small sample size and lack of comparison groups in the pilot project, Jaffe and associates repeated the study using the same program on a larger scale. Six groups of children were tested before and after completing the counselling program. Preliminary findings, comparing treatment subjects to a control group of children, indicate a significant improvement in the overall scores on the part of treatment groups (unpublished data, 1986). More specifically, children who had received counselling showed changes in their attitudes towards appropriate ways to respond to anger, in their feelings of social competence, in their knowledge of safety skills, in their attitudes towards their responsibility for parents and in their attitudes toward themselves.

On the strength of their findings, Jaffe and associates speculate that a group counselling program, focusing both on education and prevention, will prove most useful for children of violent homes who exhibit adjustment problems such as a tendency to condone interpersonal violence. Specialized long-term intervention, however, is needed by children who display signs of more serious difficulties.

Behaviour Modification Programs

A fourth program, identified within the social learning approach and recommended for use with children from violent homes by Westra (1984), is behaviour modification. Problem behaviours learned by children through exposure to violence may be addressed in this program through three techniques: 1) teaching new behaviors, 2) reinforcing existing desirable behaviours and 3) eliminating problem behaviours.

In the first technique, children are shown alternative means of achieving goals which were formerly realized through aggressive or unacceptable behaviours. The alternative behaviours are assimilated through reinforcement. Westra uses the example of a child being taught to ask another for a toy or object rather than obtaining it through aggressive behaviour. Each time the child asks for a toy or object, immediate reinforcement is provided through praise or other rewards. With ongoing reinforcement the undesired behaviour is gradually replaced. At this point reinforcement is decreased and used only intermittently. The new behaviour becomes self-reinforcing as the child's goal is achieved and better relationships are developed.

In the second technique, reinforcement of existing positive behaviour is used to modify problem behaviour. If an undesirable aggressive behaviour is exhibited by a child at the same time or in the same context as a positive behaviour, the child may learn to abandon the aggressive behaviour through reinforcement of the positive behaviour. In other words, the child soon recognizes that positive behaviour brings pleasurable results while aggressive behaviour achieves nothing.

Using the third technique of behaviour modification, problem behaviours are eliminated through aversive stimuli or punishment. Punishment can come in many forms, such as, denial of privileges and increased work or chores. In order to achieve effective results, punishment should be used consistently, immediately following the undesirable behaviour.

With complex and long-standing problem behaviour patterns, a behaviour modification program may utilize a combination of the techniques described above. Whatever the technique used, Westra warns that behaviour modification, though effective, takes time and patience.

Behaviour-Oriented Programs in the Shelters

When asked to describe the programs or services they provide to the children of battered women, none of the shelters or transition houses interviewed mentioned formal or structured behaviour modification. Instead behavioural work with children involves informal modeling of positive behaviour by shelter staff and volunteers; talking with children individually and in groups about behaviour; using resources such as the series of books, Stealing, Lying and Being Good Friend; and informally channelling behaviour in more positive directions through various recreational activities. All shelters interviewed reported that, depending on resources available in the community, referrals to outside professionals are made in cases of more serious behavioural problems. The behavioural treatment plan designed by the professional is then followed by in-house staff.

"Treatment of Children in Spouse Abusive Families" Program

Another program described in the literature by Gentry and Eaddy (1980) is the "Treatment of Children in Spouse Abusive Families" program (TCSF). Based on the family systems approach, this program involves all members of the wife-abusive family plus various community resources. The program combines treatment and education to address the goal of helping families to halt the intergenerational transmission of violence and dysfunctional relationships.

A demonstration project of this program was carried out through the Kent C. Withers Family Crisis Center, Knoxville, Tennesee. Treatment was planned individually for each family in the project; taking into account its family

system, problems and circumstances. Intervention began with individuals and subgroups of the family, once their safety and protection was assured. At the consent of the abused, the batterer was invited to participate in the treatment process. Work on the following seven important issues was then introduced:

1) the safety of all family members (including the perpetrator who, at separation, is potentially suicidal);

2) long-term planning and specific goal-setting for separation or reunion;

3) helping children cope with separation or reunion;

4) planning for possible contact in the case of separation;

5) helping parents deal with children's fears of violence and loss;

6) learning non-violent methods of interaction; and

7) developing conflict management skills.

In the individual family treatment plan, the focus of therapy with adults is learning alternative behaviours to violence. Therapy with children concentrates on positively influencing self-concept; since attitudes towards the self greatly affect a child's emotional growth, academic achievement and interpersonal relationships.

Another part of the TCBF program, supplementing the individual plan, is "Family Night", a fifteen-week treatment component that involves a variety of caring people, both professional and non-professional, in group and family work. Family Night, through specialized sections for children, adults and family interaction, helps families learn and practice skills for productive communication, conflict resolution, trust-building, anger expression, non-violent discipline and child management. In addition, Family Night is a vehicle through which families have fun together, develop new friendships and decrease their isolation.

The Child Section of Family Night consists of activities in the playroom for three to eleven year olds, nursery care for children under three, and activities for those over eleven. In the program's demonstration project at the Family Crisis Centre, multiple activities in the Child Section were organized to meet each child's needs, on the basis of formal assessments and behavioural observations. Trained therapists worked with the children, individually and in groups, in art and structured play. Other activities were organized around music and other stimuli. Another component of the Child Section, incorporated to influence child development, involved the pairing of children with a "significant adult" for one-to-one "bonding exercises". "Developmental Playmates" worked with specific target children (an abuse victim or the youngest three to eleven year old in a family) while "Friends" worked with the other children. Individual sessions between the pairs were re-created with the parents for use at home.

The Parent Section of Family Night consists of educational/therapeutic sessions dealing with specific issues. In the demonstration project, child

development students were present at each session to work individually with parents on interaction techniques to be used with children. The focus of the first session was self-report assessments on items such as stress, abuse-eliciting, family circumstances and "Ways of handling conflict in Your family" (the Straus Conflict Tactic scale). Also, an overview of the primary issues of this Section was presented. These topics included: child management, child bonding, appropriate anger expression, communication skills, child development, conflict resolution and isolation. The third session focused on self-report assessments of satisfaction with children, self and marriage, and measurement of self-esteem. Instruction in effective parenting made up the major portion of the second, fourth, fifth and sixth sessions in addition to education in behavioural contracting, problem solving and conflict resolution. A scale measuring family adaptability and cohesion was completed in the seventh session and parents' progress in previous sessions was evaluated.

The final eight weeks of the Family Night treatment component involved a continuation for both children and adults of separate activities as well as combined activities at refreshment time. In latter sessions, all family members and helpers participated in "New Games" - activities which focus on building trust, enhancing family cooperation skills, developing children's age-appropriate skills, having fun and relieving parental stress. Art therapy and educational films were the background to other shared activities. During the final session of Family Night, a post-test was taken to measure changes in conflict management and the fifteen-week program was evaluated by all family members and staff.

In evaluation, Gentry and Eaddy recommend the TCBF program, or others similar to it, as appropriate treatment for children of violent families. These researchers argue that without total family involvement in treatment, children do not gain a realistic picture of the detrimental effects of violence on family relationships. As a result, children may develop a distorted perception of past experiences and blame the abused parent for family separation. A need to re-enact and resolve the trauma of separation may appear later in life. Also, the confusion and guilt experienced when the abuser is not included in treatment may cause withdrawal or "acting out" in children. Through a family systems treatment program, children gain greater understanding of the effects of violence as family members struggle together for change. Children's anxieties are lessened through supervised contact with the abuser; this enables the family to focus more energy on resolving the problem of violence in the home. Finally, Gentry and Eaddy argue that treatment incorporating the total family is necessary in order to interrupt the intergenerational transmission of violence. A family systems program such as TCBF is effective because it gives victims, witnesses and perpetrators opportunities to increase self-respect, to develop better communication skills and to develop interpersonal alternatives to problem-solving--factors important in breaking the violent cycle. Recurrent violence by adults is prevented as well as future violence by children.

ADDITIONAL PROGRAMS

Music Therapy

Music therapy, using the media of sound and movement, is another means through which childrens' feelings can be expressed and their problems addressed. Six of the shelters interviewed reported that music serves as a therapeutic tool in their work with children. The use of music for this purpose is informal in five of these cases; child care workers act as facilitators and music sessions may be included among weekly recreational activities or they may be carried out as the need arises.

At the sixth shelter, Sherriff King Home, Calgary, Alberta (see Appendix B), music therapy is a formal program. During 40-minute sessions held twice weekly, a trained music therapist provides various activities and exercises to help children address troubling emotions and circumstances. For example, the therapist invites the children to compose a song or poem which deals with what they have witnessed in the violent home and their feelings in relation to it. Instruments are used to express anger or sadness which is especially helpful to children who are unable to verbalize their feelings. After each session, the therapist meets with shelter child care counsellors to discuss observations and assessments made during music sessions that may be indicators of childrens' problems.

Volunteer Buddy Program

A special volunteer program has been developed for children at Transition House, St. John's, Newfoundland (see Appendix B). Boys from the local high school visit the shelter on a regular basis to serve as positive male role models and special friends to resident children. Through experiences of support and sharing with these teenagers, childrens' abilities to trust discriminately are encouraged and their "repertoire" of trustworthy people is increased.

School Programs

A few shelters, in conjunction with local school systems, have developed school programs for resident children. For example, at W.I.N. House I and W.I.N. House II, Edmonton, Alberta (see Appendix B), children in grades kindergarten through nine are transported to a private classroom at a local elementary school where they receive instruction from a private teacher. The program's curriculum is not specialized to children of violent homes; however, shelter staff report that having a separate classroom lessens childrens' anxieties towards entering a new school and gives them a sense of stability.

A similar program for children from four shelters for battered women has been established at a public school in Toronto (Vis-a-Vis, Winter 1985). Staffed by a teacher and a child care worker, the program provides children with individual attention through a one to four child-helper ratio. The abilities and emotional well-being of each child serve as the basis for

suiting the program to individual needs. Program staff also offer support to the children's mothers.

CONCLUSION

To date, family violence research has shown that children are adversely affected by witnessing wife assault. Prob'ems exhibited by these victims of domestic violence raise concerns about their support and/or treatment. A review of the literature shows that appropriate programs range from individual treatment and group therapy to intervention with the family as a unit. However, interviews with shelters and government officials reveal that, to date, programs for children exposed to domestic violence are not formally structured or well developed in clinics and shelters across Canada. Shelters recognize this problem and have expressed a desire to improve the services they offer to children.

The current level of services relates, in part, to the fact that most provincial/terrritorial governments do not recognize children who witness wife assault as injured or abused. The provinces of Alberta and Newfoundland have identified children exposed to domestic violence as in need of protection. In Alberta, such protection is linked to the substantial and observable impairment in functioning resulting from exposure to domestic violence.

To better address the effects of exposure to domestic violence, researchers suggest the use of structured programs with children which include individual counselling, developmental stimulation, play therapy, group counselling, behaviour modification and family systems therapy. Innovations developed by various shelters can also be adapted to individual needs and incorporated into

child care programming; music therapy, separate school classrooms and video dramatizations are examples of programs designed to serve the special needs of domestic violence.

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Appendix A

ONTARIO ASSOCIATION ON INTERVAL & TRANSITION HOUSES

COALITION OF CHILDREN'S WORKERS

A comprehensive childcare program in shelters would include the following areas: child advocacy; counselling; recreation; parental support and education; public outreach and awareness; and professional development.

1. CHILD ADVOCACY:

Goals: a) to advocate for a child's personal/physical/emotional sexual safety and personal growth while in the shelter and after departure.

b) educate shelter staff regarding the needs of the childrer as residents in the shelter.

Methods: (in consultation with mother)

1) act as a liaison to schools, daycare centres.
2) make referrals, when necessary, to treatment centres, counselling services and Children's Aid Societies.
3) provide information regarding legal rights and liaison with lawyers and Office of the Official Guardian.

4) assist child to connect with other community services (Big Brother, Community Centres, etc.).
5) provide information, support, advocacy concerning physical/sexual abuse.
6) to represent the needs and concerns of children to all staff at staff meetings, logs, files, etc.

2. COUNSELLING:

Goals:

1) help children identify, express, and deal with their feelings surrounding violence, separation, ambivalence, internalization of blame, mourning of losses.
2) to dispel destructive myths regarding violence, sex role sterotyping.
3) to encourage positive self-image and to resolve unmet dependency needs.
4) to create an atmosphere of safety and trust.
5) to help children recognize their rights and responsibilities.
6) to promote positive mother/child relationships.

Methods:

1) individual intake interviews.
2) children's groups (weekly children's meetings).

3) one to one counselling.

4) to implement a well structured recreational program for the release of anxiety, anger and guilt.

5) to be available to listen to children and believe them.

6) to ensure that children receive honest, accurate information about their situation.

7) to provide resource matérials (books, films, etc.).

3. RECREATION:

Goal:

a) give children "permission" to be children by providing them with an indoor and outdoor play area where they can act out feelings, reduce and redirect excess energy and have fun.

Method:

1) the child care coordinator will set up a playroom with materials and supplies to suit the needs of the various numbers and age groups of the children in the shelter.

2) to equip a safe outdoor playground with large outdoor playground equipment and sufficient space for active play.

3) plan and supervise activities in both indoor and outdoor play.

Goals:

a) to provide children with an opportunity to explore the community.

b) to break the isolation.

c) for relief from the tensions of shelter living.

Method:

1) to plan and implement a well-supervised ongoing program of out-of-house activities such as plays, museums, sports events, etc.

4. PARENTAL SUPPORT AND EDUCATION:

Goal:

a) to assist mothers to understand the unique needs of children who have witnessed violence and are experiencing separation reactions.

b) to provide support and encouragement for women dealing with behavioural and emotional problems in their children during the crisis.

c) to encourage women to develop a strong, positive, realistic relationship with their children.

d) to aid women and children in their transition from two-parent to mother-led families.

Method:

1) resource materials, weekly parenting sessions, one to one and informal sessions, immediate support as well as mediation for mothers and children in difficult situations.
2) make referrals to community agencies such as family counselling, child management centres, community parenting programs, in order to educate about positive, non-violent child management techniques, public outreach and awareness.

Goals:

a) to increase public awareness concerning the affects of violence on children.
b) to break the silence around the physical/emotional/sexual abuse of children.
c) to provide professionals (e.g. doctors, teachers, lawyers, mental health, social workers, etc.) with more in-depth information regarding the issue of wife abuse and its ramifications on children.

Method:

1) to be available for public speaking, educational workshops, etc.
2) to amass libraries of resource materials, such as films, books, articles, to be made available to groups and individuals.

5. PROFESSIONAL DEVELOPMENTAL:

Goal:

a) That shelter personnel and, in particular, childcare staff, stay abreast of the issues relating to wife abuse, affects of violence on children, child development, child abuse, treatment methods/resouces, current children and family services legislation.

Method:

1) by working with other shelter child care workers and other child welfare professionals.
2) to coordinate and attend workshops with other resource professionals.

To realize the goal of incorporating such a comprehensive childcare program into the service structure of the shelter would require a minimum of two full-time childcare staff in each shelter. Volunteers and students should be utilized whenever possible to enhance quality of service. Sufficient funding should be made available to the childcare team to cover the cost of implementing this program (i.e., resource materials, transportation, materials and supplies, toys, special events).

Appendix B

Program Contacts

Bryony House, Halifax, Nova Scotia .... (902) 422-7650

Transition House, St. John's, Newfoundland.....(709) 753-1461

Sherriff King Home for Battered Women, Calgary, Alberta....(403) 266-0707

Central Alberta Womens Emergency Shelter, Red Deer Alberta....(403) 346-5643

Portage Women's Shelter, Inc., Portage La Prairie, Manitoba....(403) 239-5232

Winhouses I and II, Edmonton, Alberta....(403) 479-0058

Appendix C

Study Group Counselling Program

MEETING 1

TOPIC: GENERAL INTRODUCTION

Objectives:

1. Kids are not alone - mutuality of experience.
2. Get the kids to feel comfortable - not threatened.
3. Provide a non-threatening environment for the children.
4. Provide the children with resources for safety.
5. Describe the group goals, limits of the group's confidentiality.
6. Establish group rules.

Methods:

1. Brainstorm for group rules.
2. Set up a question box for kids to put in questions of what they want from the group.

MEETING 2

TOPIC: LABELLING FEELINGS

Objectives:

1. Give the children tools they can use to express themselves.
2. Help the children become more confortable with the group process.

Method:

1. Brainstorm on the different types of feelings that one can have.
2. Discuss different times wher you feel happy/sad/mad/afraid.
3. Make a collage on feelings where children cut pictures out of magazines and put ther into the four major feeling areas.

MEETING 3

TOPIC: DEALING WITH ANGER

Objectives:

1. Help the children to understand what are healthy/unhealthy ways of dealing with anger.
2. Give the children some ideas of how they can cope more effectively with anger.

Method:

1. Review things that make them angry.
2. Discuss how they have dealt with violence.
3. Brainstorm on healthy and unhealthy ways to deal with anger.
4. Use puppets for kids to demonstrate ways to cope with anger.

MEETING 4

TOPIC: SAFETY SKILLS, CHILD ABUSE, SEXUAL ABUSE

Objectives:

1. Clarification of topic - safety
2. What kids are/are not responsible for with respect to (a) mom and dad fighting (b) with peers (c) sexual abuse
3. What to do with this - kids have place to go, people who will listen
4. Education

Method:

1. Show a film on child abuse/sexual abuse.
2. Role-play how to handle different violent situations (peers, parents)
3. Brainstorm on safety skills (these will be dealt with more fully at a later session).

MEETING 5

TOPIC: SOCIAL SUPPORT

Objectives:

1. Bring family violence out of the closet.
2. Focus on the children's support systems.
3. Provide information on community resources that are available to help.

Method:

1. Discuss what supports the children have used for general problems, which ones worked.
2. Discuss fears that the children may have about telling someone about their problems.
3. Discuss why some families keep family violence a secret.
4. Provide community resources that are available to help if needed.

MEETING 6

TOPIC: SOCIAL COMPETENCE AND SELF-CONCEPT

Objectives:

1. Emphasize positive aspects of self.
2. Give a boost to the children's confidence.
3. Help the children to explore how other people see them and how they see themselves.

Method:

1. Discuss when the children feel good/bad about themselves, what has happened?
2. Work in pairs or group to get a description of second person of "what I like about you"
3. Discuss ways in which the children can increase their self-awareness.

MEETING 7

TOPIC: RESPONSIBILITY FOR VOILENCE/PARENTS

Objectives:

1. Help the children understand who is responsible for the violence in the family and for their parents behaviour.
2. Provide the children with strategies that they can use when their parents are fighting.

Method:

1. Discussion on who is responsible for the violence in the family, their parents behaviour.
2. Have the children, individually or in the group, suggest topics that they could use for videotaping purposes.
3. Work individually/pairs on writing stories on the above topics.

Suggestions for topics

- it's not my fault
- should I interfere when mom and dad are fighting?

- whose fault is it when mom and dad fight
- things I <u>can</u> do when mom and dad are fighting

MEETING 8

TOPIC: CONTINUATION OF RLSPONSIBILITY FOR VIOLENCE/PARENTS

Objectives:

- same as for previous meeting

Method:

1. Videotape the stories that the children wrote the previous session.
2. Show the videotapes to the group.
3. Get feedback from the group about the topics.

MEETING 9

TOPIC: WISHES ABOUT THE FAMILY

Objectives:

1. Start preparing kids for termination of program.
2. Explore dynamics of the children's families.
3. Help children cope with the loss and mourning of absent father.

Method:

1. Discuss what the kids like to do with their moms/dads, what they would like to do more of.
2. Get the kids to draw pictures of how their family was, is now, what they would like it to be.
3. Show film on divorce.

MEETING 10

TOPIC: SEXUAL STEREOTYPING

Objectives

1. Review the myths of sexual stereotyping.
2. Effect termination of the group.

Method:

1. Discuss how men/women are different/same.
2. Explore possible career options.
3. Discuss advantages/disadvantages of being male/female.
4. Goodbye hugs and kisses.